

DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION*

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

BUCCAL, POLAR AND NON-POLAR SPRAY CONTAINING ALPRAZOLAM

and for which a patent application:

- ☒ is attached hereto and includes amendment(s) filed on (if applicable)
- ☐ was filed in the United States on as Application No. (for declaration not accompanying application) with amendment(s) filed on (if applicable)
- ☐ was filed as PCT international Application No. on and was amended under PCT Article 19 on (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION				
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

PROVISIONAL APPLICATION NUMBER	FILING DATE

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

NON-PROVISIONAL APPLICATION SERIAL NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED
10/230,060	August 29, 2002		<input checked="" type="checkbox"/>	
09/537,118	March 29, 2000		<input checked="" type="checkbox"/>	
PCT/US97/17899	October 1, 1997			

*
for use only when the application is assigned to a company, partnership or other organization.

SEND CORRESPONDENCE TO:

PENNIE & EDMONDS LLP
1667 K Street, N.W.
Washington, D.C. 20006
PTO Customer No. 20582

DIRECT TELEPHONE CALLS TO:
PENNIE & EDMONDS LLP DOCKETING
(202) 496-4400

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	LAST NAME Dugger, III	FIRST NAME Harry	MIDDLE NAME A.	
	RESIDENCE & CITIZENSHIP	CITY Flemington	STATE OR FOREIGN COUNTRY NJ	COUNTRY OF CITIZENSHIP United States	
	POST OFFICE ADDRESS	STREET 548 Sargentville Road	CITY Flemington	STATE OR COUNTRY NJ	ZIP CODE 08822
	SIGNATURE OF INVENTOR 201			DATE	
2 0 2	FULL NAME OF INVENTOR	LAST NAME Abd El-Shafy	FIRST NAME Mohammed	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Hauppauge	STATE OR FOREIGN COUNTRY NY	COUNTRY OF CITIZENSHIP United States	
	POST OFFICE ADDRESS	STREET 428 Townline Road	CITY Hauppauge	STATE OR COUNTRY NY	ZIP CODE 11788
	SIGNATURE OF INVENTOR 202			DATE	
2 0 3	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 203			DATE	
2 0 4	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 204			DATE	
2 0 5	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 205			DATE	